

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JUN 8 1943

Registration District No. 2896

Primary Registration District No. 6019

18848

1. PLACE OF DEATH:

(a) County RAY
(b) City or town RURAL ORRICK TWN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 MILES NORTH OF ORRICK, MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 36 YRS
years, months or days)

3. (a) PRINT FULL NAME ALBERT SYDNEY JOHNSON LEAKE3. (b) If veteran, name war NONE 3. (c) Social Security No. 487-09-7524

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SYLVIA LEAKE 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Nov 19 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 5 27 - hr. - min.

9. Birthplace RAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation MINER - FARMER11. Industry or business MINE & FARM12. Name HENRY CLAY LEAKE13. Birthplace RANDOLPH COUNTY MISSOURI
(City, town, or county) (State or foreign country)14. Maiden name LENA WILHELM15. Birthplace SARINE COUNTY MISSOURI
(City, town, or county) (State or foreign country)16. (a) Informant SYLVIA LEAKE(b) Address ORRICK, MO17. (a) BURIAL (b) Date thereof MAY 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SOUTH POINT CEM.18. (a) Signature of funeral director Litton FUNERAL HOME(b) Address ORRICK MO19. MAY 17/43 (b) Dr. G. F. Simmons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MILES NORTH OF ORRICK
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16
year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusionDue to History chronic heart ailment

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence MAY 16, 1943
(c) Where did injury occur? about Ray co
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home (Specify type of place)
While at work? no (e) Means of injury _____23. Signature Dr. G. F. Simmons (M. D. CORNER)
Address Ray, Mo Date signed 5/17/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-7-43

JUL 8 - 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Licensed Embalmer No. 4137

P. O. Address

523 Elm Blvd
Exeter Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.